



# Incident Report

**Print Date/Time:** 03/04/2016 08:27  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00004153

**Incident Date/Time:** 3/2/2016 6:27:22 PM  
**Location:** 20TH ST NE / 123RD AVE NE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 508-3082  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19N1	SS0072-Aukerman
19S13	SS0095-Miner

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BAEHM, KRISTINA		(425) 508-3082			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

03/02/2016 : 18:43:39 SP0418 Narrative: OWNERS REQ DICKS TOWING

03/02/2016 : 18:28:31 SP0348 Narrative: SUBURU OUTBACK VS UNK OTHER, BLKING EB

03/02/2016 : 18:27:57 SP0348 Narrative: CC, NON INJ, BLKING

## STATEMENT BAEHM, KRISTINA



## LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 16-4153VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>BAEHM, KRISTINA, NICOLE</u>		RACE <u>White</u>	ETHNICITY <u></u>	SEX <u>F</u>	D.O.B. <u>8/23/88</u>	AGE <u>27</u>	HGT <u>5'4"</u>	WGT <u>135</u>	HAIR <u>Brown</u>	EYES <u>Green</u>
STREET ADDRESS <u>414 45th St. SW</u>				CITY <u>Everett</u>		STATE <u>WA</u>		ZIP <u>98203</u>		
HOME PHONE <u></u>		CELL PHONE <u>425.508.3082</u>			WORK PHONE <u></u>					
EMAIL ADDRESS (OPTIONAL) <u>kbaehm@gmail.com</u>					PLACE OF EMPLOYMENT <u>Marysville School District</u>					

## STATEMENT:

I was coming down the hill on 20th St. when I sneezed twice and missed the stop sign. The other car was turning left from 123rd to 20th street when I hit her.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Kristina Baehm

DATE SIGNED:

3/2/16OFFICER/NUMBER: Mines

DATE SIGNED:

3/2/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

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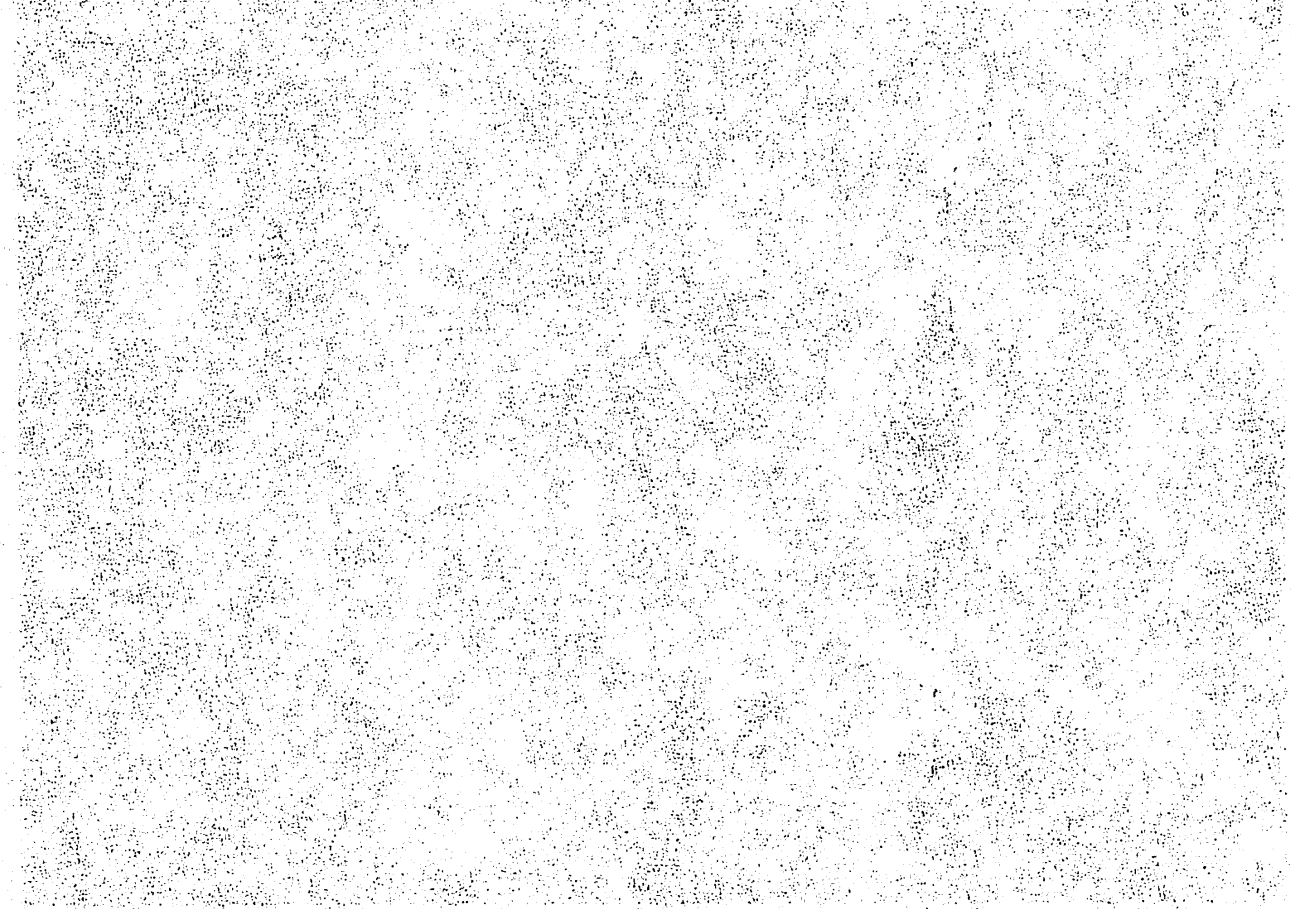
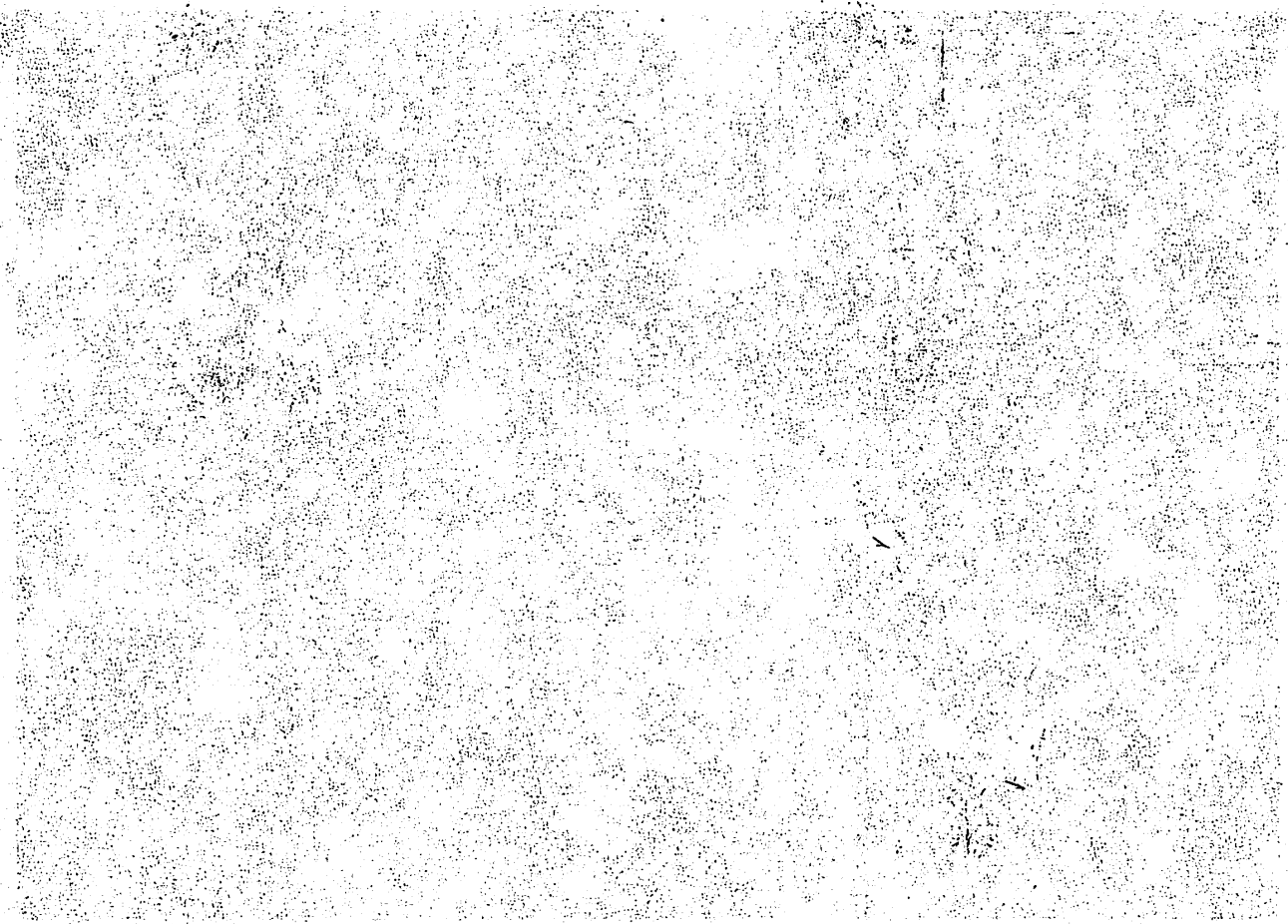


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## EXCHANGE OF INFORMATION

OFFICER NAME: *W. AUKERMAN #0072*COLLISION: *03/02/16 06:27 PM*CASE#: *15-00004153*AGENCY: *LAKE STEVENS PD*DISPATCH: *03/02/16 06:30 PM*LOCATION: *20TH STREET SE BN:12300*

NARRATIVE/NOTES:

ARRIVAL: *03/02/16 06:42 PM*AT *123RD AVE NE*

UNIT 1:	<b>MOTOR VEHICLE -</b>	2011 LEGACY PLATE: ACX2782 (WA)	TOWED BY: <b>DICKS TOWING</b>
DRIVER: <b>KRISTINA N BAEHM</b>		VEH OWNER:	
ADDRESS: <b>414 45TH ST SW EVERETT, WA 982031907</b>		ADDRESS:	
DL #: <b>BAEHMKN124N3</b>		STATE: <b>WA</b>	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: <b>PROGRESSIVE</b>		INSURED BY:	
POLICY #: <b>900648372</b>		POLICY #:	

UNIT 2:	<b>MOTOR VEHICLE -</b>	1999 IMPSW PLATE: AUD8882 (WA)	TOWED BY:
DRIVER: <b>BRIANNA J RALLS</b>		VEH OWNER: <b>JOANNE M RALLS</b>	
ADDRESS: <b>11604 29TH CT NE LAKE STEVENS, WA 982589116</b>		ADDRESS: <b>11064 29TH CT NE LAKE STEVENS, WA 98258</b>	
DL #: <b>RALLSBJ066JK</b>		STATE: <b>WA</b>	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: <b>STATE FARM</b>		INSURED BY: <b>STATE FARM</b>	
POLICY #: <b>375 2285-E01-47</b>		POLICY #: <b>375 2285-E01-47</b>	



## STATEMENT RALLS, BRIANNA



## LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER 16-004153VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Ralls, Brianna, Jolene</u>		RACE <u>Wh?</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>09/12/94</u>	AGE <u>21</u>	HGT <u>5'4"</u>	WGT <u>145</u>	HAIR <u>red</u>	EYES <u>blue</u>
STREET ADDRESS <u>11604 29th Ct. NE</u>				CITY <u>Lk. Stevens</u>		STATE <u>WA</u>		ZIP <u>98258</u>		
HOME PHONE <u>425 377 9187</u>		CELL PHONE <u>425 238 3286</u>			WORK PHONE <u>N/A</u>					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>Hag.</u>					

## STATEMENT:

I came to a stop on a hill, turning to go left. As I was turning, I looked to my left as I was hit by other car. I was "T-Boned" and could no longer drive or steer my car at that point so I switched it off.

I was wearing a seat belt. I looked both ways before progressing through with my left-hand turn. Air bags didn't go off, glass shattered behind me, and came to a stop.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

Brianna J. Ralls

DATE SIGNED:

03/03/2016

OFFICER/NUMBER:

Mines

DATE SIGNED:

3/21/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"